



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Initial Physical Connection Test & Maintenance Report

Date of test ____/____/____

Instructions: After installation both pages of this form are to be completed for the initial test of each proposed Physical Connection Backflow Prevention Valve, performed by a Certified Tester and shall be submitted to the Department of Environmental Protection, Division of Water Supply, Bureau of Water Systems and Well Permitting.

To: NJ DEP
Division of Water Supply
Bureau of Water Systems and Well Permitting
PO Box 426
Trenton, NJ 08625-0436

From: (Name of Permit Holder)

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Location of Valve

Manufacturer: _____ ☐ RPZ ☐ DCVA

Model Number: _____ Size: _____ in.

Serial Number: _____

Comments and Notations: _____

	PRESSURE TEST		INTERNAL INSPECTION	
	REDUCED PRESSURE ZONE ASSEMBLY		DOUBLE CHECK VALVE ASSEMBLY	
	1st Check	2nd Check	1st Check	2nd Check
Initial Test	Closed Tight <input type="checkbox"/> at _____ psid	Closed Tight <input type="checkbox"/> at _____ psid	Opened at _____ psid	OK <input type="checkbox"/>
Passed <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	OK <input type="checkbox"/>
Failed <input type="checkbox"/>	No. 2 Shut-off Valve Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	By-pass Used <input type="checkbox"/>	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>
Repairs & Materials Used				
Test After Repair & Assembly	Closed Tight <input type="checkbox"/> _____ psid	Closed Tight <input type="checkbox"/> _____ psid	Opened at _____ psid	OK <input type="checkbox"/>

Certification by the Certified Tester

I hereby certify that on ____/____/____ the Backflow Prevention Device listed on this form was functioning satisfactorily at the time of the test.

Name of Firm: _____

Address : _____

Certified Testers Name: _____ Title: _____

Certified Testers Signature: _____ Date: ____/____/____

Certifying Authority: _____ Cert. ID #: _____ Exp. Date: ____/____/____

Certification by Supplier of Water:

On ____/____/____ The Supplier of Water for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be issued for One Year and Certifies that; through witnessing of the Pressure Tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test.

Name of the Supplier of Water _____

Name: _____

Title: _____

Signature: _____

Certification by Local Administrative Authority:

On ____/____/____ The Local Administrative Authority for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be issued for One Year and Certifies that; through witnessing of the Pressure Tests preformed by a Certified Tester that: The Backflow Prevention Valve was functioning satisfactorily at the time of the test.

Name of Local Administrative Authority _____

Name: _____

Title: _____

Signature: _____

The Department of Environmental Protection, Division of Water Supply, Bureau of Water Systems & Well Permitting hereby certifies that through a site inspection and witnessing of a pressure test. The Backflow Prevention Valve was functioning satisfactorily at the time of the test and that the Physical Connection Installation(s) were in Compliance with the Rules and Regulations set forth in N. J. A. C. 7:10-10.1 et. seq and hereby recommends this application for approval.

Name: _____

Title: _____

Signature: _____